a valid OMB control number.

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

KFHI-113 Attorney Docket Number DECLARATION FOR UTILITY OR MIHALOS First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) Application Number December 1, 2003 Filing Date □ Declaration ☐ Declaration OR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
PROCESS AND APPARATUS FOR FORMING A WAVE CHIP PRODUCT										
the specification of which (Title of the Invention) is attached hereto										
	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	and w	as amended on (MM/DD/Y)	YYY)	· · · · · · · · · · · · · · · · · · ·	(if applicable).					
I hereby state that I have re amended by any amendme	eviewed and understand the ent specifically referred to abo	contents of the above ident	ified specificatio	n, including the o	claims, as					
· •	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		py Attached?					
Number(s)_		(MIMI/DD/TTTT)	NOC Claimed	YES	NO					
			0000	0000	0000					
Additional foreign applica	ation numbers are listed on a	supplemental priority data	sheet PTO/SB/0)2B attached her	eto:					
I hereby claim the benefit u	inder 35 U.S.C. 119(e) of an	y United States provisional	application(s) lis	ted below.						
Application Number	(S) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provisiona ers are listed o emental priority	n a data sheet					
			PTO/S	SB/02B attache	ed hereto.					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

us sign (+) inside this box + + Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

L DEC	<u>,LA</u>	KATIU	<u> </u>	<u>- U</u>	tilit	у ог	рe	sig	n Pate	ent /	<u> 4 pr</u>	oncatio	<u>n</u>
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.	S. Pare	ent Applicat Numi		PCT I	Paren	t			iling Date D/YYYY)			ent Patent N	
							<u> </u>		<u> </u>			(**	
Additional	U.S. or F	PCT internationa	al applica	tion nur	nbers a	re listed o	n a sup	plement	al priority data	sheet P	TO/SB/	02B attached h	ereto.
		ereby appoint th					r(s) to p	rosecute	this application	on and to	transa	ct all business	in the Patent
and Trademark	Office co	onnected therew		OR	ner Num		name	/ronietra	tion number li	atad bek	> [Place Custo Number Bar Label he	Code
	Nam	e		Registe	Regis	tration nber	s) Hame	/registra	Nan)W	Regis	stration mber
Barry	Barry I. Hollander 28,566 Warren A. Zitlau 39,085												
Additional i	egistered	d practitioner(s)	named o	n suppl	lementa	Register	ed Prac	titioner	Information sh	eet PTO	/SB/020	C attached here	eto.
Direct all corr	esponde	ence to: X	Custom or Bar (232	90	OR	c	orresp	ondence add	ress below
Name	Barr	y I. Hollar	nder										
Address	Holla	ınder Law	Firm	ı, P.I	L.C.								
Address								•					
City						- 1		tate		ZIP			
Country		Telephone 703 - 383-4800 Fax 703 - 383-480					304						
believed to be punishable by	true; and fine or in	Il statements m d further that th mprisonment, or t issued thereor	nese state r both, ui	ements	were n	nade with	the kn	owledge	that willful fa	ilse state	ements	and the like se	o made are
Name of So	ole or F	irst Invento	or:					A petiti	on has been	filed fo	r this u	ınsigned inve	ntor
Gi	ven Nar	me (first and n	niddle [if	fany])					Famil	y Name		rname	······································
		Mihaelos N	Vichola	ıs						Miha	alos		
Inventor's Signature					r		-					Date	
Residence: (ity	Palisades	Park		State	NJ		Country	<u> </u>	JSA		Citizenship	USA
Post Office A	ddress	60 East O	akden	e Ave	enue								
Post Office A	ddress												
City		Palisades Park	State		NJ	ZI	Р	0765	50-1810	Cou	intry	US	A
Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													

						- 1	
Please type	a plus	sign (+)	inside	this	box ·	-	+

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _2_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Na		Family Name or Surname									
T	heodore Nicholas					J	anulis	i			
Inventor's Signature	Date										
Residence: City	Randolph	State	NJ	C	ountry	US		Citizens	hip	USA	
Post Office Address	5 Beaver Dam Road										
Post Office Address	_										
City	Randolph	State	NJ		ZIP	07869	07869 Country			US	
Name of Addition	Name of Additional Joint Inventor, if any:								entor		
Given Na	Given Name (first and middle [if any]) Family Name or Surname										
	Chris E. Robinson										
Inventor's Signature	Date										
Residence: City	Sparta	State	NJ	C	ountry	US		Citize	nship	USA	
Post Office Address	22 Indian Trail										
Post Office Address											
City	Sparta	State	NJ		ZIP	07871	Cour	ountry		US	
Name of Addition	nal Joint Inventor, if a	ıy:	[A	petitio	n has been file	ed for th	nis unsigr	ned inv	entor	
Given Na	me (first and middle [if any])				Family Na	me or (Surname			
	Carol					\	Vines				
Inventor's Signature	Date										
Residence: City	Hewitt	State	NJ	c	ountry	US		Citize	Citizenship USA		
Post Office Address	116 Fairlawn Drive										
Post Office Address											
City	Hewitt	State	NJ		ZIP	07421 Country		Country	US		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	
	Approved for use through 10

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _2_ of _2_

<u></u>			*						
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Na	me or St	urname		
Allison					Α	Antonin	i		
Inventor's Signature							Date		
Union Residence: City	State	, NJ		Country	US		Citizenship	USA	
Mailing Address 602 Rosewood Drive									
Mailing Address									
City Union	State	e N.	J	ZiP	07083	Countr	Y	JS	
Name of Additional Joint Inventor, if any:									
Given Name (first and middle [if any])	Family Name or Surname					urname		
Joseph Fierro					ro				
Inventor's Signature							Date		
Residence: City Warwick	Stat	e NY	,	Country US			Citizenship USA		
Mailing Address 49 Cascade Road									
Mailing Address									
City Warwick	Sta	_{te} N	Υ	ZIP	10990	Cour	ntry	US	
Name of Additional Joint Inventor, if a	ny:			A petition	has been filed	d for this	unsigned inver	itor	
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature						Date			
Residence: City	State)	Country Citizen			Citizenship			
Mailing Address									
Mailing Address				.,	······································				
City	State					Co	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time wilt vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.